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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/086,782	
	<b>Filing Date</b>	Feb 28, 2002	
	<b>First Named Inventor</b>	Colrain, Carol	
	<b>Group Art Unit</b>	Unassigned	
	<b>Examiner Name</b>	Unassigned	
<b>Total Number of Pages in This Submission</b>	5	<b>Attorney Docket Number</b>	007.0191.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	APR 10 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage and business mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: APR 10 2002	
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/086,782
Filing Date	2/28/2002
First Named Inventor	Colrain
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	007.0191.01

To: Assistant Commissioner for Patents  
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**

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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
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- ☒ This request is made on behalf of:
- ☐ all the attorneys/agents of record
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number **22895**

This request is enclosed in triplicate (including any attachments).

**SIGNATURE OF ATTORNEY/AGENT**

Name	Patrick S. Howie
Signature	
Date	APR 17 2002

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.